

Dental Care Provider Survey

The Michigan Department of Community Health is attempting to analyze the availability of dental healthcare in your area for the purposes of Health Professional Shortage Area (HPSA) designation review. Areas qualifying for HPSA designation have Federal and State resources made available to them to assist in maintaining and expanding the area's primary care infrastructure. To collect the data required for this review, we need your assistance in filling out the survey below (2 pages) for each general dentist or pedodontist (pediatric dentist) at your office. Thank you for your participation in this important process.

Provider Information	
Provider's Name:	
Phone Number:	License Number (optional):
County of practice location:	

1. Type of Provider:
<input type="checkbox"/> General Dentist
<input type="checkbox"/> Pedodontist (Pediatric Dentist)
<input type="checkbox"/> Other (Specify):

2. At what addresses does the dentist practice?
Facility Name:
Address 1:
City/Zip:
3. How many hours per week does the dentist spend in patient care activities here?

4. Does the dentist practice at other locations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what are those locations, and how many hours does the dentist spend in patient care activities at each?	
Facility Name:	Address 2:
City/Zip:	Hours/Week:
Facility Name:	Address 3:
City/Zip:	Hours/Week:

5. Please list all dental care auxiliaries with the hours they typically work in 1 week below:	
Note: an auxiliary is defined as non-dentist staff employed by the dentist to assist in operation of practice.	
Name:	Hours/Week:
Name:	Hours/Week:
Name:	Hours/Week:
Name:	Hours/Week:
Name:	Hours/Week:
Name:	Hours/Week:
Name:	Hours/Week:

6. What is the current age of the dentist? <input type="checkbox"/> Under 55 <input type="checkbox"/> 55-59 <input type="checkbox"/> 60-64 <input type="checkbox"/> Over 65
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7. Does the provider accept Medicaid Patients or Healthy Kids Dental patients? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, about what percentage of the provider's practice is patients who have Medicaid or Healthy Kids Dental coverage: %
8. Is the office able to discount charges for low-income patients without Medicaid or other insurance coverage through a sliding fee scale? <input type="checkbox"/> Yes <input type="checkbox"/> No (Defined as general office policy in which fees are dependent on the income of the patient)
If yes, what percentage of the provider's practice is made up of low-income patients lacking insurance, who use a sliding fee scale? %
9. Does the dentist have any additional time consuming responsibilities? <input type="checkbox"/> Administrative Responsibilities <input type="checkbox"/> Research <input type="checkbox"/> Teaching <input type="checkbox"/> Semi-Retired <input type="checkbox"/> Other (Specify):
10. Is the dentist currently accepting new patients? <input type="checkbox"/> Yes <input type="checkbox"/> No
11. Are there any other dentists in this office? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please fill out a survey for each additional core mental healthcare provider.

After completing the survey, please return to the Michigan Department of Community Health at:

**Shortage Designation Analyst
 Michigan Department of Community Health
 Health Planning and Access to Care Section
 Capitol View Building, 7th Floor
 201 Townsend
 Lansing, Michigan 48913**

FAX: (517) 241-1200